

MODEL STATE
Truck and Bus
Collision Report Supplement

Report No. _____

Driver Name _____

General Instructions - Complete this form for **EACH** qualifying vehicle if the crash meets the criteria on the back of this form.

Check one:**Qualifying Information****This form is being completed because this vehicle is:**

- ☐ A truck or truck combination > 10,000 lbs. GVWR/GCWR
☐ A bus with seats for 9 or more persons, including driver
☐ A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs. or less)

Number of:

- Total involved vehicles in the crash:
 Persons sustaining fatal injuries:
 Injured persons transported for **immediate** medical treatment:
 Vehicles towed from scene due to **disabling damage**:

At the Time of the Crash, THIS Vehicle was:

- ☐ Operating on a Trafficway open to the public (In-Transport) ☐ Parked on or off the Trafficway

Vehicle Information**Vehicle Configuration:** ☐ (enter one code from below)

- 1 Passenger Car (only if vehicle has Hazardous Materials Placard)
 2 Light Truck (only if vehicle has Hazardous Materials Placard)
 3 Bus (seats for 9-15 people, including driver)
 4 Bus (seats for 16 people or more, including driver)
 5 Single-Unit Truck (2 axles, 6 tires)
 6 Single-Unit Truck (3 or more axles)
 7 Truck/Trailer(s) [Single-Unit Truck with Trailer(s)]
 8 Truck/Tractor (without trailer, bobtail or saddlemount)
 9 Tractor/Semi-Trailer (one trailer)
 10 Tractor/Doubles (two trailers)
 11 Tractor/Triples (three trailers)
 99 Other Truck >10,000 lbs. (not listed above)

Cargo Body Type: ☐ (enter one code from below)

- 0 Not Applicable/No Cargo Body
 1 Bus (seats for 9-15 people, including driver)
 2 Bus (seats for 16 people or more, including driver)
 3 Van/Enclosed Box
 4 Cargo Tank
 5 Flatbed
 6 Dump
 7 Concrete Mixer
 8 Auto Transporter
 9 Garbage/Refuse
 10 Grain, Chips, Gravel
 11 Pole
 12 Vehicle Towing Another Motor Vehicle
 13 Intermodal Chassis
 14 Logging
 98 Other Cargo Body (not listed above)

GVWR/GCWR (use GCWR for truck combinations): ☐

- 1 10,000 lbs. or Less
 2 10,001 – 26,000 lbs.
 3 Greater than 26,000 lbs.

Bus Use: ☐

- 0 Not a Bus
 1 School (Public or Private)
 2 Transit
 3 Intercity
 4 Charter
 5 Other

Hazardous Materials Involvement:Did the vehicle have a Haz Mat Placard? ☐ YES ☐ NO**If YES, include the following information from the Placard:**

HM 4-Digit # or name from diamond or box:

HM Class # from bottom of diamond:

Was Haz Mat released from THIS vehicle's cargo? ☐ YES ☐ NO**Check One:****Motor Carrier Information**

- ☐ Interstate Carrier ☐ Intrastate Carrier ☐ Not In Commerce-Government ☐ Not In Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)

Carrier Name: _____

Carrier Street Address (P.O. Box only if no street address): _____

City/State/Zip: _____ Phone #: _____

Carrier Identification Number(s): NONE ___ USDOT# _____ MC/MX# _____ State# _____

Sequence of Events**Note:** For **THIS** vehicle - list up to four: Event 1 ☐ Event 2 ☐ Event 3 ☐ Event 4 ☐**Non-Collisions**

- 1 Ran Off Road
 2 Jackknife
 3 Overturn (Rollover)
 4 Downhill Runaway
 5 Cargo Loss or Shift
 6 Explosion or Fire
 7 Separation of Units

Non-Collisions (cont.)

- 8 Cross Median/Centerline
 9 Equipment Failure (tire, brakes, steering, etc.)
 10 Other Non-Collision

Collision Involving/With

- 12 Pedestrian
 13 Motor Vehicle In-Transport
 14 Parked Motor Vehicle

Collision Involving/With (cont.)

- 15 Train
 16 Pedalcycle
 17 Animal
 18 Fixed Object
 19 Work Zone Maintenance Equipment
 20 Other Moveable Object
 98 Other (Describe) _____

Officer Signature

Officer Badge #

Reporting Agency

Date of Report